

## GUIDE TO COMPLETING MRDD & LAH WAIVER FORMS

### GENERAL REQUIREMENTS

- *All mistakes or corrections should have one line drawn through and initialed and dated.*
- *All "X Marks" for Consumer Signature should be witnessed.*
- *All blanks should be completed with the requested information unless otherwise instructed.*
- *The Targeted Case manager should be monitoring or coordinating the paperwork reviewing for completeness, and ensuring timeliness.*

### FORM (Page 1) MEDICAID RECIPIENT STATUS NOTIFICATION

- Begin by completing the identifying information at the top of the page:
  1. Application date is the date the application is completed.
  2. Center Number This is the designated 310 agency which is serving as the point of entry. The STATE OPERATING AGENCY for the waiver has assigned performing provider numbers. The **center number for the consumers in the MRDD waiver** is the three middle digits of the performing provider number. This may also be referred to as a slot identifier. The OPERATING AGENCY uses this number as a point of reference to return approval letters. The assigned **consumer identification number** belongs to the recipient during his/her entire stay in the waiver. For consumers in the LAH waiver EDS gives an assigned prior approval number.
    - Provider Number  
008301620 for MR  
005400000 for Living At Home
  3. Recipient's Name This information should be listed just as it is on the Medicaid card. Do not put Bob for Robert etc.
  4. Recipient's Date of Birth Record accurate information.
  - 5,6. Recipient's Medicaid Number and Social Security Number These numbers are generally the same except Medicaid number has three zeroes on the front and one additional field on the end for a total of 13 numbers.
  7. Recipient's Sex Check which is appropriate.
  8. New Admission Check if appropriate
  9. Reference Information If there is a legal guardian the responsible person will always be the legal guardian. If it is a child, it will be parents. The responsible person may be a family member, guardian, case manager, or other significant person who has a meaningful relationship with the consumer.
  10. Not Applicable
  11. Prior Approval Number (need to remove as assigned by Medicaid) The prior approval number is the assigned number that belongs to the consumer for the entire length of services in the waiver. If the recipient moves from one county to another the same number goes with the recipient.
  12. Not Applicable
  13. Authorized Signature ( **This should be the signature of the responsible party ensuring that the application is complete and accurate.** )

Copy to:

Region  
Provider